

To help the financially needy obtain high-quality health care that is affordable, promotes independence, and provides customer satisfaction.



MassHealth Independent Nurse Training and Resource Guide

Automated Solutions

MassHealth has many automated solutions available to providers:

Web: www.mass.gov/masshealth

Electronic claim related solutions:

- Billing
- Remittance advices
- Provider Claims Submission Software (PCSS)

Electronic transactions via the Recipient Eligibility Verification System (REVS)

Electronic Funds Transfer (EFT)

Access the information you need when you need it using the self-service options now available on mass.gov.

Some of the online services include:

- Eligibility Verification through REVS,
- Claim Submission (HIPAA 837),
- Electronic Remittance Advice (HIPAA 835),
- Claim Status Inquiry Capability,
- Provider Library (includes access to provider publications, bulletins, transmittal letters, and manual updates),
- Billing Tips,
- Provider Library email notifications

Refer to www.mass.gov/masshealth handout

Electronic Billing - PCSS

Provider Claim Submission Software (PCSS) was created to give MassHealth providers access to electronic transactions to allow MassHealth and providers to move toward standardization and electronic billing.

Software is **free of charge** and can be easily downloaded from: www.mass.gov/masshealth/pcss or may be sent on a CD.

Part II of our training session today will review PCSS and how to submit your claims using the software.

REVS

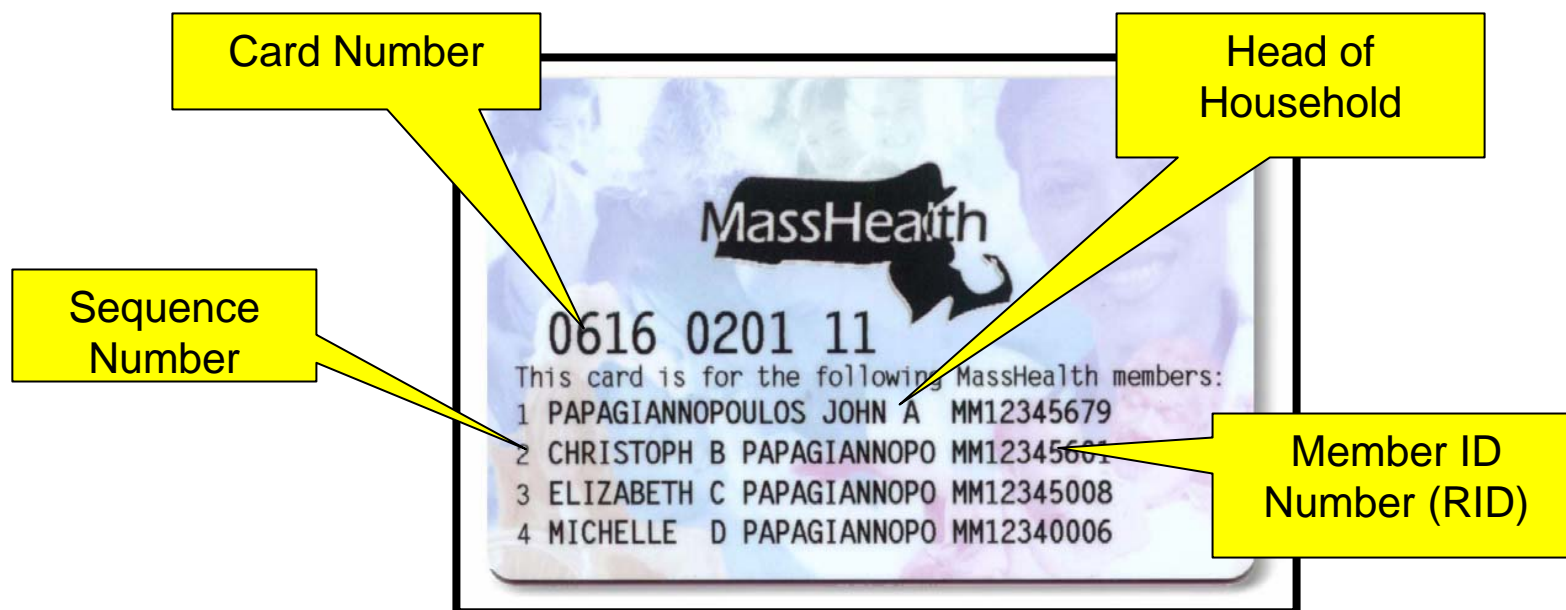
The Recipient Eligibility Verification System (REVS) has two automated solutions:

- WebREVS located at <https://www.massrevs.eds.com>
- REVS PC – for information call the REVS Help Desk at 1-800-462-7738

What is REVS?

- A computer information system that enables MassHealth providers to make claim-status inquiries and verify member eligibility
- The system is available 24 hours a day, seven days a week
- REVS offers easy access to the most current and complete member eligibility information
- REVS also enables providers to inquire about the status of adjudicated MassHealth claims

MassHealth Card



Please be sure to use the Member ID Number (RID) when billing. Do not use the Card Number.

Electronic Funds Transfer

- Electronic Funds Transfer (EFT) offers direct deposit of your payments. Benefits include:
 - Payments are deposited into your account every Monday
 - Reduces problems due to lost, stolen or misdirected checks
 - No more undeliverable mail
- To apply, download the forms from mass.gov/masshealth and mail to:

MassHealth
Attn: Provider Enrollment
P.O. Box 9118
Hingham, MA 02043
Or fax: 617-988-8974

Provider File Integrity

- Any change in your relationship with MassHealth must be communicated immediately to Provider Enrollment and Credentialing to maintain accurate information on your provider file.
- All updates must be submitted in writing to:
MassHealth
Attn: Provider Enrollment and Credentialing
PO Box 9118
Hingham, MA 02043
or faxed to 617-988-8974
- Include your MassHealth provider number on all correspondence
- Keep all information accurate, to include:
 - Addresses: legal entity, doing business as, check and remittance and informational mailing
 - Telephone numbers
 - Licensure and certifications

Prior Authorization

- Reference subchapters 4 and 6 of the provider manual to determine if a prior authorization is required for a procedure.
- Part 2 of billing instructions in chapter 5 in the provider manual gives instructions for completing a new prior authorization form.

Prior Authorization Tips:

- Services must be ordered by the physician (130CMR 414.408 (B) (1))
- Members over the age of 22, an Request and Justification for Continuous Skilled Nursing Services form (RNJ) must be submitted
- If you do not have a computer, you must submit a paper PA form to:
MassHealth
Attn: PA Unit
600 Washington Street
Boston, MA 02110

Prior Authorization Unit:

Members over 22 years: 617-451-7176

Members under 22 years: Community Case Managers 800-863-6068

PCC Referral Numbers

PCC referral numbers have 7 digits

The first characters of the referral number indicates the provider type:

- Group: 97
- Out Patient Department (OPD): 12
- Nurse Practitioner: 03
- Community Health Center: 13
- Individual: 01, 201, 301, 31, 61

If the client has a PCC, the number must be listed in fields 7 & 8 of claim form 9 and may be obtained when you verify eligibility.

Independent Nurse Billing Tips

Please refer to the handout Independent Nurse Billing Tips for details.

- Calendar week equals seven consecutive days
- Overtime hour calculations
- Service codes
- Multiple - Patient Nursing Services
- Faxing Paper Claims
- Prior Authorization
- Holidays
- Description of Hourly Nursing

Paper Claim Billing

Required fields:

| Field # | Field Name | Required Optional | Description |
|---------|---------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------|
| 1 | Provider's Name, Address & Telephone Number | R | Enter your name, address and telephone number(s) |
| 2 | Pay To Provider No. | R | Enter your seven (7) digit MassHealth Provider Number |
| 4 | Prior Authorization No. | R | Enter the six (6) digit prior authorization number assigned for the dates of service being billed |
| 7 | Referring Provider's Name | O | If applicable, enter the referring provider's name |
| 8 | Referring Provider's No. | O | If applicable, enter the referring provider's number (PCC #) |
| 9 | Member's Name | R | Enter the members name |
| 10 | Member ID No. | R | Enter the ten (10) digit member ID number. Do not use the card number. |
| 11 | Date of Birth | R | Enter the member's date of birth MMDDYY |
| 12 | Sex | R | Enter the member's gender |
| 14 | Patient Account No. | O | If you see more than one client, this field can be important to identify the claim in case of an error. |
| 15 | Place Of Service | R | Enter 02. |

Paper Claim Billing

Required fields:

| Field # | Field Name | Required Optional | Description |
|---------|-----------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 16A | Is Member Being Treated As A Result Of An Accident? | R | Check the appropriate box. |
| 16B | If Yes, Type & | O | If 16A is yes, this field is required. Refer to Subchapter 5 for the applicable codes |
| 16C | Date of Accident | O | If 16A is yes, enter the date of the accident |
| 26 | Date Of Service | R | Enter the date of service. If it is only a single date, you may enter only the From date. If it is a span date, you must enter From and To dates. |
| 27 | Description Of Service | R | Enter either "Nursing Services" or the description of the procedure code. |
| 28 | Procedure Code-Modifier | R | Enter the appropriate procedure code. If applicable, enter the appropriate modifier as well. |
| 31 | Units Of Service | R | Enter the appropriate number of units for the service date. Each unit represents 15 minutes, so one hour equals 4 units. |
| 32 | Usual Fee | R | Enter the appropriate dollar amount for the units billed. This should be the unit rate times the number of units. |

Paper Claim Billing

Required fields:

| Field # | Field Name | Required Optional | Description |
|---------|--------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 38 | Authorized Signature | R | Sign the claim |
| 39 | Billing Date | R | Enter the date you signed the claim. This date cannot be prior to last date of service listed above in field 26. |
| 40 | Adjustment/Resubmittal | O | If the claim is an adjustment or resubmittal, check the appropriate box. Only use the resubmittal option for certain claims over 90 days. |
| 41 | Former Transaction Control No. | O | If the claim is an adjustment enter the TCN of the paid claim that you are adjusting. If the claim is a resubmittal, enter the TCN of the earliest denied claim, when required. This field is required if either of the boxes in field 40 are checked. |

Corrective Action for MassHealth Claims

| | | |
|---------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adjustment Procedures | MassHealth Attn: Adjustments P.O. Box 9118 Hingham, MA 02043 | <ul style="list-style-type: none"> •Incorrectly paid claims are adjusted. One claim line per claim form. Check off adjustment box, field 40, at bottom of the claim form and enter the most recently paid TCN, field 41. •If you submit electronically, you may also submit your adjustments electronically. |
| Resubmittal Procedures | MassHealth Attn: Resubmittals P.O. Box 9118 Hingham, MA 02043 | <ul style="list-style-type: none"> •If a denied claim is billed over 90 days from the date of service and you are changing the service date or procedure code, you must submit one claim line per form. Check off the resubmittal box at the bottom of the claim form, field 40 and enter the original, denied TCN, field 41. |
| 90-Day Waiver Procedures | MassHealth Attn: 90-Day Waiver P.O. Box 9118 Hingham, MA 02043 | <ul style="list-style-type: none"> •If a claim denied because you are billing the claim over the 90-Day billing deadline, you must request a 90-Day Waiver. •If a claim has denied and you are changing the provider number, claim form type, member's ID number, or in the case of eligibility, you must request a 90-Day Waiver. |
| Appeal Procedures | MassHealth Attn: Final Deadline Appeals 600 Washington Street Boston, MA 02111 | <ul style="list-style-type: none"> •Claims exceeding the timeline will deny for error edit 888, "Final Deadline Exceeded". Once this edit appears on your remittance advice, you have 30 days from the date on the RA to file an appeal. To file an appeal, send a copy of the claim, all RAs where the claim appeared (including the 888 denial), supporting documentation and a cover letter. |
| Void of Overpayments | MassHealth Attn: Voids P.O. Box 9118 Hingham, MA 02043 | <ul style="list-style-type: none"> •If you receive an overpayment, request that claims for overpayment be voided. To request a void, circle the claim line to be voided on a photocopy of the RA. Send the photocopy and a signed letter authorizing the void to the address at the left. •If you submit electronically, you may also submit your voids electronically. |

Top Errors To Avoid When Billing

| Error Code | Description | Resolution |
|------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 038 | Invalid place of service | PDN providers should use 02 for paper claims and 12 for electronic claims. |
| 072 | From/To invalid for procedure | Verify the procedure code is active for the date of service. Bill each date of service on a separate claim line, some service codes do not allow consecutive dates of billing. |
| 103 | Duplicate claim | The claim has already processed and paid. If the date of service and procedure code are the same, submit an adjustment to change the units, if applicable. |
| 256 | Procedure not on prior authorization | The procedure code you are billing is not listed on the prior authorization, or the incorrect prior authorization was listed. |
| 178 | Provider type/Procedure conflict | Only use the codes listed in your manual in Subchapter 6. |
| 770 | Max units exceeded | Call MassHealth Customer Service for amount of units for procedure code. |
| 777 | Service date after PA expired | Service date must be prior to the expiration date of the PA. Verify the correct PA was used. |
| 777 | Prior authorization number not on file | Enter the correct PA number on the claim. |
| 911 | Prior Authorization partially exhausted | You must bill only the number of units left on the PA. |

Contact Information

The contact information for Private Duty Nursing services is:

Keith West

800-841-2900 extension 2985

781-741-3028 - fax

By mail at:

MassHealth Customer Services

55 Summer Street, 8th Floor

Boston, MA 02110